



RESOURCE AND PATIENT MANAGEMENT SYSTEM

IHS Clinical Reporting System (CRS 2008) (BGP V. 8.0)

CMS Performance Report Performance Measure List and Definitions January 2008

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Revision History

Date	Revision	Description	Author
09/13/07	N/A	Distributed to field leads, Area GPRA Coordinators, and CRS listserv.	S. Klepacki
11/24/07	1	Logic changes to various measures.	S. Klepacki
12/04/07	2	PN-1, 3, 5b, and 6: Revised exclusion logic for patients without EITHER an ER diagnosis of pneumonia OR an admission diagnosis of pneumonia. Currently the logic is written as two separate exclusion criteria.	S. Klepacki
1/17/08	3	AMI-5: Revised note for Bradycardia since it had the incorrect note, which was the note for AMI6.	J. Wolf
03/11/08	4	AMI-6: Changed definition of heart failure so that it is consistent with the definition used in the HF measures.	S. Klepacki

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ABOUT THE CRS CMS PERFORMANCE REPORT

The CRS CMS Performance Report provides IHS hospitals with lists of patients and related RPMS data AS A BASIS FOR CHART REVIEW AND FURTHER DATA ABSTRACTION to report CMS HQA Data for 21 required performance measures. This report does not contain any of the measures added by CMS in 2007. Those measures may be added in a future version of CRS.

The CMS Performance Report is unlike any other report in CRS in that it does not include denominators and numerators and performance measure rates. It does contain lists of patients and all of the relevant information available in RPMS; however, it still requires the users to: (1) review the patients' charts to search for information that may be available only from the chart and which is not documented in RPMS, (2) to compile the information for CMS reporting, and (3) to transmit the report data to CMS utilizing the CMS online outcomes reporting tool. CRS does not provide an option for transmitting the data to CMS.

The CMS Performance report includes all patients who meet the measure criteria and does not provide the option to run the report for American Indian/Alaska Native patients only, nor does it provide the option to export the data to the Area Office.

The logic in this report has been updated per the CMS Specifications Manual for discharges effective 4/1/2007 and the CMS Data Abstraction Guidelines for discharges effective 4/1/2006 (the most current version available at the time the CRS CMS Performance Report was being updated).

For additional information, go to:

http://www.cms.hhs.gov/hospitalqualityinits/01_overview.asp?

This report includes 21 CMS quality measures in four categories, as shown below.

Acute Myocardial Infarction (AMI)

AMI-1: Aspirin at arrival

AMI-2: Aspirin prescribed at discharge

AMI-3: ACE Inhibitor (ACEI) or Angiotensin Receptor Blocker (ARB) for left ventricular systolic dysfunction

AMI-4: Adult smoking cessation advice/counseling

AMI-5: Beta Blocker prescribed at discharge

AMI-6: Beta Blocker at arrival

AMI-7a: Fibrinolytic Therapy received within 30 minutes of hospital arrival

AMI-8a: Primary Percutaneous Coronary Intervention (PCI) received within 90 minutes of hospital arrival

Heart Failure (HF)

HF-1: Discharge instructions

HF-2: Assessment of left ventricular function

HF-3: ACE Inhibitor or Angiotensin Receptor Blocker (ARB) for left ventricular systolic dysfunction

HF-4: Adult smoking cessation advice/counseling

Pneumonia (PN)

PN-1: Oxygenation assessment

PN-2: Pneumococcal vaccination (for 65+)

PN-3b: Blood cultures performed in the Emergency Department prior to initial antibiotic received in hospital

PN-4: Smoking cessation advice/counseling

PN-5b: Initial antibiotic timing

*PN-6: Appropriate initial antibiotic selection

*PN-7: Influenza vaccination status

Surgical Care Improvement/Surgical Infection Prevention (SCIP/SIP)

*SCIP-Inf-1: Prophylactic antibiotic received within 1 hour prior to surgical incision

*SCIP-Inf-3: Prophylactic antibiotics discontinued within 24 hours after surgery end time

*Indicates new measure added in this version of CRS (v8.0).

CRS CMS REPORT PERFORMANCE MEASURE TOPICS AND DEFINITIONS

The performance measure topics and their definitions that are included in the CRS 2008 Version 8.0 CMS Performance Report are shown in the table below.

NOTE: Since this report was completely redesigned and the logic within it was updated, changes to the logic are not noted for this version.

PATIENT LIST	GENERAL DEFINITION
ACUTE MYOCARDIAL INFARCTION (AMI) PATIENT LISTS	
Population for All AMI Measures	<p>Inclusion Logic: Patients 18 or older discharged from the hospital with acute myocardial infarction (AMI). Age is calculated by subtracting birth date from the admission date.</p> <p>Inclusion Logic Definition: AMI Discharge: Non-CHS (Contract Health) visit with Service Category H (hospitalization), Primary POV 410.*1 (initial episodes only) and discharged during the report period.</p> <p>Exclusion Logic: None</p>
AMI-1 Aspirin at Arrival	<p>Inclusion Logic: Patients 18 or older discharged with acute myocardial infarction (AMI). Age is calculated as of the hospital admission date.</p> <p>Inclusion Logic Definition: AMI Discharge: Non-CHS (Contract Health) Visit with Service Category H (hospitalization), Primary POV 410.*1 (initial episodes only) and discharged during the report period.</p> <p>Exclusion Logic: Patients meeting any of the conditions below.</p> <ul style="list-style-type: none"> - Patients with a discharge type of "Irregular" (i.e. AMA) or contains "Death" AND the patient was discharged on the day of or the day after arrival. - Patients discharged on the day of arrival. - Patients with aspirin allergy/adverse drug reaction (ADR). - Patients with active prescription for Coumadin/Warfarin at time of arrival. <p>Exclusion Logic Definitions:</p> <p>1) Aspirin Allergy/ADR: Any of the following documented anytime through discharge: A) POV 995.0-995.3 AND E935.3; B) "aspirin" entry in ART (Patient Allergies File); or C) "ASA" or "aspirin" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. NOTE: CRS only looks for allergies documented through discharge. In the event it is noted a patient has an allergy but it is not entered into RPMS until after the discharge date, the ALL Allergies from Problem List and ALL Allergies from Allergy Tracking sections of the patient list should be reviewed. If there is an allergy documented after the stay, the patient chart should be reviewed to see if the allergy was documented during the hospital stay. In that case, the patient should be excluded from the measure.</p> <p>2) Warfarin/Coumadin Contraindication: Patients with active prescription for Warfarin/Coumadin on admission date, using site-populated BGP CMS WARFARIN MEDS taxonomy. For a list of the medications included in Appendix C of the CMS Specifications Manual, refer to the CRS 2008 User Manual, Section 4.3.2.2.</p> <p>Other Definitions:</p> <p>1) Comfort Measures: POV V66.7 (Encounter for palliative care) documented during hospital stay.</p> <p>2) NMI Refusal: Any of the following documented anytime 24 hours before admission date through discharge date: A) NMI (not medically indicated) refusal for any aspirin in site-populated taxonomy DM AUDIT ASPIRIN DRUGS or B) CPT G8008.</p> <p>3) Aspirin Medication: Any medication in site-populated DM AUDIT ASPIRIN DRUGS taxonomy or CPT G8006. See Taxonomy Setup section in CRS v8.0 User Manual available for download from www.ihs.gov/cio/crs.</p> <p>4) Other Anti-Platelet Medication: Any medication in the site-populated BGP ANTI-PLATELET DRUGS taxonomy or any medication with VA Drug Class BL700.</p>

PATIENT LIST	GENERAL DEFINITION
AMI-2 Aspirin Prescribed at Discharge	<p>Inclusion Logic: Patients 18 or older discharged with acute myocardial infarction (AMI). Age is calculated as of the hospital admission date.</p> <p>Inclusion Logic Definition: AMI Discharge: Non-CHS (Contract Health) Visit with Service Category H (hospitalization), Primary POV 410.*1 (initial episodes only) and discharged during the report period.</p> <p>Exclusion Logic: Patients meeting any of the conditions below.</p> <ul style="list-style-type: none"> - Patients with a discharge type of “Irregular” (i.e. AMA) or contains “Death.” - Patients with aspirin allergy/adverse drug reaction (ADR). - Patients prescribed Coumadin/Warfarin at discharge. <p>Exclusion Logic Definitions:</p> <p>1) Aspirin Allergy/ADR: Any of the following documented anytime through discharge: A) POV 995.0-995.3 AND E935.3; B) "aspirin" entry in ART (Patient Allergies File); or C) "ASA" or "aspirin" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. NOTE: CRS only looks for allergies documented through discharge. In the event it is noted a patient has an allergy but it is not entered into RPMS until after the discharge date, the ALL Allergies from Problem List and ALL Allergies from Allergy Tracking sections of the patient list should be reviewed. If there is an allergy documented after the stay, the patient chart should be reviewed to see if the allergy was documented during the hospital stay. In that case, the patient should be excluded from the measure.</p> <p>2) Warfarin/Coumadin Contraindication: Patients prescribed Warfarin/Coumadin at discharge, using site-populated BGP CMS WARFARIN MEDS taxonomy. For a list of the medications included in Appendix C of the CMS Specifications Manual, refer to the CRS 2008 User Manual, Section 4.3.2.2.</p> <p>Other Definitions:</p> <p>1) Comfort Measures: POV V66.7 (Encounter for palliative care) documented during hospital stay.</p> <p>2) NMI Refusal: Any of the following documented during hospital stay: A) NMI (not medically indicated) refusal for any aspirin in site-populated taxonomy DM AUDIT ASPIRIN DRUGS; or B) CPT G8008.</p> <p>3) Aspirin Medication: Any medication in site-populated DM AUDIT ASPIRIN DRUGS taxonomy or CPT G8006. See Taxonomy Setup section in CRS v8.0 User Manual available for download from www.ihs.gov/cio/crs.</p> <p>4) Other Anti-Platelet Medication: Any medication in the site-populated BGP ANTI-PLATELET DRUGS taxonomy or any medication with VA Drug Class BL700.</p>
AMI-3 ACEI or ARB for LVSD	<p>Inclusion Logic: Patients 18 or older discharged with acute myocardial infarction (AMI) AND who were 1) diagnosed with left ventricular systolic dysfunction (LVSD) or 2) had an ejection fraction. Age is calculated as of the hospital admission date.</p> <p>Inclusion Logic Definitions:</p> <p>1) AMI Discharge: Non-CHS (Contract Health) Visit with Service Category H (hospitalization), Primary POV 410.*1 (initial episodes only) and discharged during the report period.</p> <p>2) LVSD: POV 429.71 in year prior to discharge.</p> <p>3) Ejection Fraction: Any of the following in year prior to discharge: A) V Measurement CEF; B) V Procedure 88.53, 88.54; or C) V CPT 78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350, 93543, 93555.</p> <p>Exclusion Logic: Patients meeting any of the conditions below.</p> <ul style="list-style-type: none"> - Patients with a discharge type of “Irregular” (i.e. AMA) or contains “Death.” - Patients with an ACEI allergy AND an ARB allergy. - Patients with moderate or severe aortic stenosis. <p>Exclusion Logic Definitions:</p> <p>1) ACEI Allergy/ADR: Any of the following documented anytime through discharge: A) POV 995.0-995.3 AND E942.6; B) "ace inhibitor" or "ACEI" entry in ART (Patient Allergies</p>

PATIENT LIST	GENERAL DEFINITION
	<p>File); or C) "ace i*" or "ACEI" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. NOTE: CRS only looks for allergies documented through discharge. In the event it is noted a patient has an allergy but it is not entered into RPMS until after the discharge date, the ALL Allergies from Problem List and ALL Allergies from Allergy Tracking sections of the patient list should be reviewed. If there is an allergy documented after the stay, the patient chart should be reviewed to see if the allergy was documented during the hospital stay. If it was noted the patient had both an ACEI and ARB allergy, the patient should be excluded from the measure.</p> <p>2) ARB Allergy/ADR: Any of the following documented anytime through discharge: A) POV 995.0-995.3 AND E942.6; B) "Angiotensin Receptor Blocker" or "ARB" entry in ART (Patient Allergies File); or C) "Angiotensin Receptor Blocker" or "ARB" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. NOTE: CRS only looks for allergies documented through discharge. In the event it is noted a patient has an allergy but it is not entered into RPMS until after the discharge date, the ALL Allergies from Problem List and ALL Allergies from Allergy Tracking sections of the patient list should be reviewed. If there is an allergy documented after the stay, the patient chart should be reviewed to see if the allergy was documented during the hospital stay. If it was noted the patient had both an ACEI and ARB allergy, the patient should be excluded from the measure.</p> <p>3) Moderate or Severe Aortic Stenosis: Any of the following during year prior to discharge: POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22.</p> <p>Other Definitions:</p> <p>1) Comfort Measures: POV V66.7 (Encounter for palliative care) documented during hospital stay.</p> <p>2) Angioedema: POV 277.6 or 995.1 anytime through discharge date.</p> <p>3) Hyperkalemia: POV 276.7 anytime through discharge date.</p> <p>4) Hypotension: POV 458.* anytime through discharge date.</p> <p>5) Renal Artery Stenosis: POV 440.1 or 403.* anytime through discharge date.</p> <p>6) Worsening Renal Function/Renal Disease/Dysfunction: Any of the following anytime through discharge date: POV 580.*-585.*, 586-587, 588.*-590.*, 591, 592.*, 593.1-593.2.</p> <p>7) NMI Refusal: NMI (not medically indicated) refusal for any of the following during hospital stay: A) Any medication in site—populated taxonomy BGP CMS ACEI MEDS or with a VA Drug Class code of CV800-ACEI INHIBITORS; B) Any medication in site—populated BGP CMS ARB MEDS taxonomy or with a VA Drug class code of CV805-ANGIOTENSIN II INHIBITOR. For a list of the medications included in Appendix C of the CMS Specifications Manual, refer to the CRS 2008 User Manual, Section 4.3.2.2.</p> <p>8) ACEI Medication: Any medication in site—populated BGP CMS ACEI MEDS taxonomy, or any medication with a VA Drug Class code of CV800-ACE INHIBITORS. For a list of the medications included in Appendix C of the CMS Specifications Manual, refer to the CRS 2008 User Manual, Section 4.3.2.2.</p> <p>9) ARB Medication: Any medication in site—populated BGP CMS ARB MEDS taxonomy, or any medication with a VA Drug class code of CV805-ANGIOTENSIN II INHIBITOR. For a list of the medications included in Appendix C of the CMS Specifications Manual, refer to the CRS 2008 User Manual, Section 4.3.2.2.</p>
AMI-4 Adult Smoking Cessation Advice/Counseling	<p>Inclusion Logic: Patients 18 or older discharged with acute myocardial infarction (AMI) AND with a history of smoking cigarettes anytime during the year prior to discharge date. Age is calculated as of the hospital admission date.</p> <p>Inclusion Logic Definitions:</p> <p>1) AMI Discharge: Non-CHS (Contract Health) Visit with Service Category H (hospitalization), Primary POV 410.*1 (initial episodes only) and discharged during the report period.</p> <p>2) Smoker: Any of the following during the year prior to the hospital admission date: A) Health Factors (looks at the last documented health factor): Current Smoker, Current Smoker and Smokeless, or Cessation-Smoker. B) Tobacco-related POV or active Problem List diagnosis codes 305.1, 305.10-305.12 (old codes), or 649.00-649.04. C) Dental code 1320. D) CPT 1034F or 1035F.</p>

PATIENT LIST	GENERAL DEFINITION
	<p>Exclusion Logic: Patients with a discharge type of “Irregular” (i.e. AMA) or contains “Death.”</p> <p>Other Definitions:</p> <p>1) Comfort Measures: POV V66.7 (Encounter for palliative care) documented during hospital stay.</p> <p>2) Smoking Cessation Advice/Counseling: Any of the following during the hospital stay: A) Patient education codes containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), or 649.00-649.04; B) Clinic code 94 (tobacco cessation clinic). C) Dental code 1320. D) CPT code G0375, G0376, 4000F. E) Documented refusal of patient education codes containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), or 649.00-649.04.</p> <p>3) Tobacco Cessation Medication: A) Any medication in the site-populated BGP CMS SMOKING CESSATION MEDS taxonomy, B) Any medication with name containing “NICOTINE PATCH”, “NICOTINE POLACRILEX”, “NICOTINE INHALER”, or “NICOTINE NASAL SPRAY”, or C) CPT 4001F.</p>
<p>AMI-5 Beta Blocker Prescribed at Discharge</p>	<p>Inclusion Logic: Patients 18 or older discharged with acute myocardial infarction (AMI). Age is calculated as of the hospital admission date.</p> <p>Inclusion Logic Definition: AMI Discharge: Non-CHS (Contract Health) Visit with Service Category H (hospitalization), Primary POV 410.*1 (initial episodes only) and discharged during the report period.</p> <p>Exclusion Logic: Patients meeting any of the conditions below.</p> <ul style="list-style-type: none"> - Patients with a discharge type of “Irregular” (i.e. AMA) or contains “Death.” - Patients with a beta blocker allergy. <p>Exclusion Logic Definitions:</p> <p>1) Beta Blocker Allergy/ADR: Any of the following documented anytime through discharge: A) POV 995.0-995.3 AND E942.0; B) "beta block*" entry in ART (Patient Allergies File); or C) "beta block*", "bblock*" or "b block*" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. NOTE: CRS only looks for allergies documented through discharge. In the event it is noted a patient has an allergy but it is not entered into RPMS until after the discharge date, the ALL Allergies from Problem List and ALL Allergies from Allergy Tracking sections of the patient list should be reviewed. If there is an allergy documented after the stay, the patient chart should be reviewed to see if the allergy was documented during the hospital stay. In that case, the patient should be excluded from the measure.</p> <p>2) Pacemaker: Defined as any of the following documented ever: 1) POV V43.21-V43.22, V45.00-V45.02, V45.09, V53.31-V53.32, V53.39; 2) Procedure 00.50-00.54; 3) CPT 33200-33203, 33206-33208, 33210-33220, 33222-33226, 33232-33238, 33240-33249, C1779, C1785-C1786, C1898-C1899, C2619-C2621, E0610, E0615.</p> <p>Other Definitions:</p> <p>1) Comfort Measures: POV V66.7 (Encounter for palliative care) documented during hospital stay.</p> <p>2) Bradycardia: Any of the following during hospital stay: POV 427.81, 427.89, 337.0.</p> <p>3) 2nd or 3rd Degree Heart Block: Any of the following on during hospital stay: POV 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51-426.54, 426.7.</p> <p>4) Pacemaker: Defined as any of the following documented ever: 1) POV V43.21-V43.22, V45.00-V45.02, V45.09, V53.31-V53.32, V53.39; 2) Procedure 00.50-00.54; 3) CPT 33200-33203, 33206-33208, 33210-33220, 33222-33226, 33232-33238, 33240-33249, C1779, C1785-C1786, C1898-C1899, C2619-C2621, E0610, E0615.</p> <p>5) NMI Refusal: Any of the following documented during hospital stay: A) NMI (not medically indicated) refusal of any medication in site—populated taxonomy BGP CMS BETA BLOCKER MEDS taxonomy or with a VA Drug Class code of CV100-BETA BLOCKERS/RELATED; or B) CPT G8011.</p> <p>6) Beta Blocker Medication: Any medication in site-populated BGP CMS BETA BLOCKER MEDS taxonomy, or any medication with a VA Drug Class code of CV100-BETA BLOCKERS/RELATED, or CPT G8009.</p>

PATIENT LIST	GENERAL DEFINITION
AMI-6 Beta Blocker at Arrival	<p>Inclusion Logic: Patients 18 or older discharged with acute myocardial infarction (AMI). Age is calculated as of the hospital admission date.</p> <p>Inclusion Logic Definition: AMI Discharge: Non-CHS (Contract Health) Visit with Service Category H (hospitalization), Primary POV 410.*1 (initial episodes only) and discharged during the report period.</p> <p>Exclusion Logic: Patients meeting any of the conditions below.</p> <ul style="list-style-type: none"> - Patients discharged on admission date. - Patients with a discharge type of “Irregular” (i.e. AMA) or contains “Death” and were discharged or expired on day of or day after admission. - Patients with a beta blocker allergy. <p>Exclusion Logic Definition: Beta Blocker Allergy/ADR: Any of the following documented anytime through discharge: A) POV 995.0-995.3 AND E942.0; B) "beta block*" entry in ART (Patient Allergies File); or C) "beta block*", "bblock*" or "b block*" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. NOTE: CRS only looks for allergies documented through discharge. In the event it is noted a patient has an allergy but it is not entered into RPMS until after the discharge date, the ALL Allergies from Problem List and ALL Allergies from Allergy Tracking sections of the patient list should be reviewed. If there is an allergy documented after the stay, the patient chart should be reviewed to see if the allergy was documented during the hospital stay. In that case, the patient should be excluded from the measure.</p> <p>Other Definitions:</p> <ol style="list-style-type: none"> 1) Comfort Measures: POV V66.7 (Encounter for palliative care) documented during hospital stay. 2) Bradycardia: Any of the following during hospital stay: POV 427.81, 427.89, 337.0. 3) Heart Failure: Any of the following during hospital stay: POV 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, or 428.0-428.9. 4) 2nd or 3rd Degree Heart Block: Any of the following during hospital stay: POV 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51-426.54, 426.7. 5) Pacemaker: Any of the following documented ever: 1) POV V43.21-V43.22, V45.00-V45.02, V45.09, V53.31-V53.32, V53.39; 2) Procedure 00.50-00.54; 3) CPT 33200-33203, 33206-33208, 33210-33220, 33222-33226, 33232-33238, 33240-33249, C1779, C1785-C1786, C1898-C1899, C2619-C2621, E0610, E0615. 6) Circulatory Shock: POV 785.59 during hospital stay. 7) NMI Refusal: Any of the following documented during hospital stay: A) NMI (not medically indicated) refusal of any medication in site—populated taxonomy BGP CMS BETA BLOCKER MEDS taxonomy or with a VA Drug Class code of CV100-BETA BLOCKERS/RELATED; or B) CPT G8011. 8) Beta Blocker Medication: Any medication in site-populated BGP CMS BETA BLOCKER MEDS taxonomy, or any medication with a VA Drug Class code of CV100-BETA BLOCKERS/RELATED, or CPT G8009.
AMI-7a Fibrinolytic Therapy Received within 30 Minutes of Hospital Arrival	<p>Inclusion Logic: Patients 18 or older discharged with acute myocardial infarction (AMI) AND with ST-segment elevation or LBBB on ECG performed anytime during day before admission through discharge date AND with fibrinolytic therapy received during hospital stay or with active prescription at time of admission. Age is calculated as of the hospital admission date.</p> <p>Inclusion Logic Definitions:</p> <ol style="list-style-type: none"> 1) AMI Discharge: Non-CHS (Contract Health) Visit with Service Category H (hospitalization), Primary POV 410.*1 (initial episodes only) and discharged during the report period. 2) ST-Segment Elevation: POV 794.31 or 794.39 on admission date or day before. If multiple instances of test exist, the test closest to hospital arrival will be used. 3) LBBB on ECG: POV 426.3 AND any of the following on admission date or day before. If multiple instances of test exist, the test closest to hospital arrival will be used: A) V Procedure 89.51, 89.52, 89.53; B) V CPT 93000, 93010, 93014, 93015, 93018, 93040, 93042,

PATIENT LIST	GENERAL DEFINITION
	<p>93224, 93227, 93230, 93233, 93235, 93237, 93268, 93272, 93312, 93314.</p> <p>4) Fibrinolytic Therapy: Any of the following on admission date or active as of admission date: A) Any medication in site-populated BGP CMS THROMBOLYTIC MEDS taxonomy, B) any medication with a VA Drug class code of BL600, C) V Procedure 99.10.</p> <p>Exclusion Logic: None</p> <p>Other Definition: Comfort Measures: POV V66.7 (Encounter for palliative care) documented during hospital stay.</p>
AMI-8a Primary PCI Received within 30 Minutes of Hospital Arrival	<p>Inclusion Logic: Patients 18 or older discharged with acute myocardial infarction (AMI) AND with ST-segment elevation/LBBB on ECG performed anytime during day before admission through discharge date AND with PCI performed during hospital stay. Age is calculated as of the hospital admission date.</p> <p>Inclusion Logic Definitions:</p> <p>1) AMI Discharge: Non-CHS (Contract Health) Visit with Service Category H (hospitalization), Primary POV 410.*1 (initial episodes only) and discharged during the report period.</p> <p>2) ST-Segment Elevation: POV 794.31 or 794.39 on admission date or day before. If multiple instances of test exist, the test closest to hospital arrival will be used.</p> <p>3) LBBB on ECG: POV 426.3 AND any of the following on admission date or day before. If multiple instances of test exist, the test closest to hospital arrival will be used: A) V Procedure 89.51, 89.52, 89.53; B) V CPT 93000, 93010, 93014, 93015, 93018, 93040, 93042, 93224, 93227, 93230, 93233, 93235, 93237, 93268, 93272, 93312, 93314.</p> <p>4) PCI: V Procedure 00.66 on admission date or day after.</p> <p>Exclusion Logic: None</p> <p>Other Definitions:</p> <p>1) Comfort Measures: POV V66.7 (Encounter for palliative care) documented during hospital stay.</p> <p>2) Fibrinolytic Therapy: Any of the following during hospital stay or active as of admission date: A) Any medication in site-populated BGP CMS THROMBOLYTIC MEDS taxonomy, B) any medication with a VA Drug class code of BL600, C) V Procedure 99.10.</p>
HEART FAILURE PATIENT LISTS	
Population for All Heart Failure Measures	<p>Inclusion Logic: Patients 18 or older discharged from the hospital with heart failure and without LVAD/heart transplant during hospital stay. Age is calculated by subtracting birth date from the admission date.</p> <p>Inclusion Logic Definitions:</p> <p>1) Heart Failure Discharge: Non-CHS (Contract Health) visit with Service Category H (hospitalization), Primary POV 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, or 428.0-428.9 and discharged during the report period.</p> <p>2) LVAD/Heart Transplant: Any of the following during hospitalization: V Procedure 33.6, 37.51-37.54, 37.62-37.66, or 37.68.</p> <p>Exclusion Logic: None</p>
HF-1 Discharge Instructions	<p>Inclusion Logic: Patients 18 or older discharged with heart failure and discharged to home. Age is calculated as of the hospital admission date.</p> <p>Inclusion Logic Definitions:</p> <p>1) Heart Failure Discharge: Non-CHS (Contract Health) visit with Service Category H (hospitalization), Primary POV 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, or 428.0-428.9 and discharged during the report period.</p> <p>2) Discharged to Home: Discharge type of "Regular Discharge."</p> <p>Exclusion Logic: Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospital stay.</p> <p>Exclusion Logic Definition: LVAD/Heart Transplant: An LVAD or heart transplant procedure occurring during the hospitalization. Defined as any of the following: V Procedure 33.6, 37.51-37.54, 37.62-37.66, or 37.68.</p>

PATIENT LIST	GENERAL DEFINITION
	<p>Other Definitions:</p> <p>1) Comfort Measures: POV V66.7 (Encounter for palliative care) documented during hospital stay.</p> <p>2) Discharge Instructions: Patient education code HF-DCHL (Heart Failure-Discharge Literature) documented during hospital stay.</p>
<p>HF-2 Evaluation of LVS Function</p>	<p>Inclusion Logic: Patients 18 or older discharged with heart failure. Age is calculated as of the hospital admission date.</p> <p>Inclusion Logic Definition: Heart Failure Discharge: Non-CHS (Contract Health) visit with Service Category H (hospitalization), Primary POV 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, or 428.0-428.9 and discharged during the report period.</p> <p>Exclusion Logic: Patients meeting any of the conditions below.</p> <ul style="list-style-type: none"> - Patients with a discharge type of “Irregular” (i.e. AMA) or contains “Death.” - Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospital stay. <p>Exclusion Logic Definition: LVAD/Heart Transplant: An LVAD or heart transplant procedure occurring during the hospitalization. Defined as any of the following: V Procedure 33.6, 37.51-37.54, 37.62-37.66, or 37.68.</p> <p>Other Definitions:</p> <p>1) Comfort Measures: POV V66.7 (Encounter for palliative care) documented during hospital stay.</p> <p>2) Evaluation of LVS Function: Any of the following: A) An ejection fraction ordered or documented anytime through discharge date, defined as any of the following: 1) V Measurement "CEF"; 2) V Procedure 88.53, 88.54; 3) V CPT 78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314-93318, 93350, 93543, 93555. B) RCIS order for Cardiovascular Disorders referral ordered during the hospital stay. RCIS referral defined as: ICD Diagnostic Category "Cardiovascular Disorders" combined with any of the following CPT Categories: "Evaluation and/or Management," "Non-surgical Procedures" or "Diagnostic Imaging." C) Per CMS Data Abstraction Guidelines, it should be inferred that an LVSF assessment was done if any of the following were performed anytime through discharge date: 1) <u>Echocardiogram:</u> V Procedure 88.72, 37.28, 00.24; 2) <u>Nuclear Medicine Test:</u> V Procedure 92.2*; 3) <u>Cardiac Catheterization with a Left Ventriculogram:</u> V Procedure 37.22, 37.23, 88.53, 88.54.</p>
<p>HF-3 ACEI or ARB for LVSD</p>	<p>Inclusion Logic: Patients 18 or older discharged with heart failure AND who were 1) diagnosed with LVSD or 2) had an ejection fraction. Age is calculated as of the hospital admission date.</p> <p>Inclusion Logic Definitions:</p> <p>1) Heart Failure Discharge: Non-CHS (Contract Health) visit with Service Category H (hospitalization), Primary POV 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, or 428.0-428.9 and discharged during the report period.</p> <p>2) LVSD: POV 429.71 in year prior to discharge.</p> <p>3) Ejection Fraction: Any of the following in year prior to discharge: A) V Measurement CEF; B) V Procedure 88.53, 88.54; or C) V CPT 78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350, 93543, 93555.</p> <p>Exclusion Logic: Patients meeting any of the conditions below.</p> <ul style="list-style-type: none"> - Patients with a discharge type of “Irregular” (i.e. AMA) or contains “Death.” - Patients with an ACEI allergy AND an ARB allergy. - Patients with moderate or severe aortic stenosis. - Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospital stay. <p>Exclusion Logic Definitions:</p> <p>1) ACEI Allergy/ADR: Any of the following documented anytime through discharge: A)</p>

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	<p>POV 995.0-995.3 AND E942.6; B) "ace inhibitor" or "ACEI" entry in ART (Patient Allergies File); or C) "ace i*" or "ACEI" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. NOTE: CRS only looks for allergies documented through discharge date. In the event it is noted a patient has an allergy but it is not entered into RPMS until after the discharge date, the ALL Allergies from Problem List and ALL Allergies from Allergy Tracking sections of the patient list should be reviewed. If there is an allergy documented after the stay, the patient chart should be reviewed to see if the allergy was documented during the hospital stay. If it was noted the patient had both an ACEI and ARB allergy, the patient should be excluded from the measure.</p> <p>2) ARB Allergy/ADR: Any of the following documented anytime through discharge: A) POV 995.0-995.3 AND E942.6; B) "Angiotensin Receptor Blocker" or "ARB" entry in ART (Patient Allergies File); or C) "Angiotensin Receptor Blocker" or "ARB" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. NOTE: CRS only looks for allergies documented through discharge date. In the event it is noted a patient has an allergy but it is not entered into RPMS until after the discharge date, the ALL Allergies from Problem List and ALL Allergies from Allergy Tracking sections of the patient list should be reviewed. If there is an allergy documented after the stay, the patient chart should be reviewed to see if the allergy was documented during the hospital stay. If it was noted the patient had both an ACEI and ARB allergy, the patient should be excluded from the measure.</p> <p>3) Moderate or Severe Aortic Stenosis: Any of the following during year prior to discharge: 1) POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22.</p> <p>4) LVAD/Heart Transplant: An LVAD or heart transplant procedure occurring during the hospitalization. Defined as any of the following: V Procedure 33.6, 37.51-37.54, 37.62-37.66, or 37.68.</p> <p>Other Definitions:</p> <p>1) Comfort Measures: POV V66.7 (Encounter for palliative care) documented during hospital stay.</p> <p>2) Angioedema: POV 277.6 or 995.1 anytime through discharge date.</p> <p>3) Hyperkalemia: POV 276.7 anytime through discharge date.</p> <p>4) Hypotension: POV 458.* anytime through discharge date.</p> <p>5) Renal Artery Stenosis: POV 440.1 or 403.* anytime through discharge date.</p> <p>6) Worsening Renal Function/Renal Disease/Dysfunction: Any of the following anytime through discharge date: POV 580.*-585.*, 586-587, 588.*-590.*, 591, 592.*, 593.1-593.2.</p> <p>7) NMI Refusal: Any of the following documented during hospital stay: A) NMI refusal of any medication in site-populated taxonomy BGP CMS ACEI MEDS or with a VA Drug Class code of CV800-ACEI INHIBITORS; B) NMI refusal of any medication in site-populated BGP CMS ARB MEDS taxonomy or with a VA Drug class code of CV805-ANGIOTENSIN II INHIBITOR; C) CPT G8029. For a list of the medications included in Appendix C of the CMS Specifications Manual, refer to the CRS 2008 User Manual, Section 4.3.2.2.</p> <p>8) ACEI Medication: Any medication in site-populated BGP CMS ACEI MEDS taxonomy, or any medication with a VA Drug Class code of CV800-ACE INHIBITORS. For a list of the medications included in Appendix C of the CMS Specifications Manual, refer to the CRS 2008 User Manual, Section 4.3.2.2.</p> <p>9) ARB Medication: Any medication in site-populated BGP CMS ARB MEDS taxonomy, or any medication with a VA Drug class code of CV805-ANGIOTENSIN II INHIBITOR. For a list of the medications included in Appendix C of the CMS Specifications Manual, refer to the CRS 2008 User Manual, Section 4.3.2.2.</p>
HF-4 Adult Smoking Cessation Advice/Counseling	<p>Inclusion Logic: Patients 18 or older discharged with heart failure AND with a history of smoking cigarettes anytime during the year prior to discharge date. Age is calculated as of the hospital admission date.</p> <p>Inclusion Logic Definitions:</p> <p>1) Heart Failure Discharge: Non-CHS (Contract Health) visit with Service Category H (hospitalization), Primary POV 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, or 428.0-428.9 and discharged during the report period.</p> <p>2) Smoker: Any of the following during the year prior to the hospital admission date: A)</p>

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	<p>Health Factors (looks at the last documented health factor): Current Smoker, Current Smoker and Smokeless, or Cessation-Smoker. B) Tobacco-related POV or active Problem List diagnosis codes 305.1, 305.10-305.12 (old codes), or 649.00-649.04. C) Dental code 1320. D) CPT 1034F or 1035F.</p> <p>Exclusion Logic: Patients meeting any of the conditions below.</p> <ul style="list-style-type: none"> - Patients with a discharge type of “Irregular” (i.e. AMA) or contains “Death.” - Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospital stay. <p>Exclusion Logic Definition: LVAD/Heart Transplant: An LVAD or heart transplant procedure occurring during the hospitalization. Defined as any of the following: V Procedure 33.6, 37.51-37.54, 37.62-37.66, or 37.68.</p> <p>Other Definitions:</p> <ol style="list-style-type: none"> 1) Comfort Measures: POV V66.7 (Encounter for palliative care) documented during hospital stay. 2) Smoking Cessation Advice/Counseling: Any of the following during the hospital stay: A) Patient education codes containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), or 649.00-649.04. B) Clinic code 94 (tobacco cessation clinic). C) Dental code 1320. D) CPT code G0375, G0376, 4000F. E) Documented refusal of patient education codes containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), or 649.00-649.04. 3) Tobacco Cessation Medication: A) Any medication in the site-populated BGP CMS SMOKING CESSATION MEDS taxonomy, B) Any medication with name containing “NICOTINE PATCH”, “NICOTINE POLACRILEX”, “NICOTINE INHALER”, or “NICOTINE NASAL SPRAY”, or C) CPT 4001F. For a list of the medications included in Appendix C of the CMS Specifications Manual, refer to the CRS 2008 User Manual, Section 4.3.2.2.
PNEUMONIA PATIENT LISTS	
Population for All Pneumonia Measures	<p>Inclusion Logic: Patients 18 or older discharged with pneumonia. Age is calculated by subtracting the birth date from the admission date.</p> <p>Inclusion Logic Definition: Pneumonia: Non-CHS (Contract Health) visit with Service Category H (hospitalization), with 1) Primary POV of pneumonia (POV 481, 482.0-482.2, 482.30-482.39, 482.40-482.49, 482.81-482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, or 487.0) or 2) with Primary POV of septicemia or respiratory failure (POV 038.0-038.9, 518.81 or 518.84) AND secondary diagnosis of pneumonia (see ICD codes above) and discharged during the Current Report period.</p> <p>Exclusion Logic: None</p>
PN-1 Oxygenation Assessment	<p>Inclusion Logic: Patients 18 or older discharged with pneumonia. Age is calculated as of the hospital admission date.</p> <p>Inclusion Logic Definition: Pneumonia: Non-CHS (Contract Health) visit with Service Category H (hospitalization), with 1) Primary POV of pneumonia (POV 481, 482.0-482.2, 482.30-482.39, 482.40-482.49, 482.81-482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, or 487.0) or 2) with Primary POV of septicemia or respiratory failure (POV 038.0-038.9, 518.81 or 518.84) AND secondary diagnosis of pneumonia (see ICD codes above) and discharged during the Current Report period.</p> <p>Exclusion Logic: Patients meeting any of the conditions below.</p> <ul style="list-style-type: none"> - Patients must have either an ER visit on the day of or day prior to arrival with a primary or secondary diagnosis of pneumonia OR have an admitting diagnosis of pneumonia for the hospitalization. Patients not meeting one of these two conditions will be excluded. - Patients with Cystic Fibrosis. - Patients discharged on day of arrival. - Patients with a discharge type of “Irregular” (i.e. AMA) or contains “Death” AND the patient was discharged on the day of or the day after arrival. <p>Exclusion Logic Definitions:</p> <ol style="list-style-type: none"> 1) ER Visit with No Pneumonia Diagnosis: Visit to clinic code 30 on day of or day prior to admission with no primary or secondary diagnosis of pneumonia (POV 481, 482.0-482.2,

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	<p>482.30-482.39, 482.40-482.49, 482.81-482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, or 487.0).</p> <p>2) Admitting Diagnosis Other than Pneumonia: Admitting diagnosis not equal to any of the following Pneumonia diagnoses: 481, 482.0-482.2, 482.30-482.39, 482.40-482.49, 482.81-482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, or 487.0.</p> <p>3) Cystic Fibrosis: Any of the following occurring anytime through discharge date: POV 277.00-277.03, 277.09.</p> <p>Other Definitions:</p> <p>1) Comfort Measures: POV V66.7 (Encounter for palliative care) documented during hospital stay.</p> <p>2) Chest X-Ray: Any of the following 24 hours prior to admission through discharge date: A) V CPT or V Radiology 71010-71035; B) POV V72.5 and with narrative of “chest”; C) V Procedure 87.44 or 87.49.</p> <p>3) CT Scan: Any of the following 24 hours prior to admission through discharge date: A) V CPT or V Radiology 71250-71275; B) V Procedure 87.41.</p> <p>4) Oxygenation Assessment (Arterial blood gas (ABG) or pulse oximetry): Any of the following documented the day before admission through discharge date: A) V Measurement O2; B) V CPT 94760-94762, 82083, 82805, 82810, 3028F; C) lab test ABG; D) site-populated lab taxonomy BGP CMS ABG TESTS; or E) LOINC taxonomy.</p>
PN-2 Pneumococcal Vaccination	<p>Inclusion Logic: Patients 18 or older discharged with pneumonia. Age is calculated as of the hospital admission date.</p> <p>Inclusion Logic Definition: Pneumonia: Non-CHS (Contract Health) visit with Service Category H (hospitalization), with 1) Primary POV of pneumonia (POV 481, 482.0-482.2, 482.30-482.39, 482.40-482.49, 482.81-482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, or 487.0) or 2) with Primary POV of septicemia or respiratory failure (POV 038.0-038.9, 518.81 or 518.84) AND secondary diagnosis of pneumonia (see ICD codes above) and discharged during the Current Report period.</p> <p>Exclusion Logic: Patients meeting any of the conditions below.</p> <ul style="list-style-type: none"> - Patients with a discharge type of “Irregular” (i.e. AMA) or contains “Death.” - Patients with Cystic Fibrosis. <p>Exclusion Logic Definition: Cystic Fibrosis: Any of the following occurring anytime through discharge date: POV 277.00-277.03, 277.09.</p> <p>Other Definitions:</p> <p>1) Comfort Measures: POV V66.7 (Encounter for palliative care) documented during hospital stay.</p> <p>2) Chest X-Ray: Any of the following 24 hours prior to admission through discharge date: A) V CPT or V Radiology 71010-71035; B) POV V72.5 and with narrative of “chest”; C) V Procedure 87.44 or 87.49.</p> <p>3) CT Scan: Any of the following 24 hours prior to admission through discharge date: A) V CPT or V Radiology 71250-71275; B) V Procedure 87.41.</p> <p>4) Pneumococcal Vaccine: Any of the following anytime through discharge date except as noted: A) V Immunization codes: 33 Pneumo Polysaccharide; 100 Pneumo Conjugate; 109 Pneumo NOS; B) POV: V06.6 or V03.82; C) V Procedure: 99.55; D) CPT: 90669, 90732, G0009, G8115; E) PCC REF/NMI Refusal or Immunization Package contraindication of “Patient Refusal” of Immunization 33, 100, 109; F) Contraindication of 1) of "Anaphylaxis" in the Immunization Package or 2) bone marrow transplant in the year prior to discharge, defined as V Procedure 41.0* or V CPT 38240-38242. NOTE: The bone marrow transplant contraindication is noted in the CMS Data Abstraction Guidelines.</p>
PN-3b Blood Cultures Performed in the Emergency Room Prior to Initial Antibiotic Received in Hospital	<p>Inclusion Logic: Patients 18 or older discharged with pneumonia, with initial blood culture collected as an emergency department patient, AND received antibiotics during the hospitalization. Age is calculated as of the hospital admission date.</p> <p>Inclusion Logic Definitions:</p> <p>1) Pneumonia: Non-CHS (Contract Health) visit with Service Category H (hospitalization), with A) Primary POV of pneumonia (POV 481, 482.0-482.2, 482.30-482.39, 482.40-482.49, 482.81-482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, or 487.0) or B) with Primary POV of</p>

PATIENT LIST	GENERAL DEFINITION
	<p>septicemia or respiratory failure (POV 038.0-038.9, 518.81 or 518.84) AND secondary diagnosis of pneumonia (see ICD codes above) and discharged during the Current Report period.</p> <p>2) Blood Culture: Any of the following which occurred in the ER (clinic code 30) on the admission date or the day before: A) V CPT 87040, 87103; B) Lab test Blood Culture; C) site-populated lab taxonomy BGP CMS BLOOD CULTURE; D) LOINC taxonomy; E) V Procedure 90.51-90.53; or F) V POV 790.7.</p> <p>3) Antibiotics: Any medication in PCC V Med included by user in site-populated BGP CMS ANTIBIOTIC MEDS taxonomy, or any medication with one of the VA Drug Class codes listed below, or CPT G8012 or procedure 99.21. For a list of the medications included in Appendix C of the CMS Specifications Manual, refer to the CRS 2008 User Manual, Section 4.3.2.2.</p> <p>AM050-PENICILLINS AM051-PENICILLIN-G RELATED PENICILLINS AM052-PENICILLINS,AMINO DERIVATIVES AM053-PENICILLINASE-RESISTANT PENICILLINS AM054-EXTENDED SPECTRUM PENICILLINS AM100-BETA-LACTAM ANTIMICROBIALS AM101-CEPHALOSPORIN 1ST GENERATION AM102-CEPHALOSPORIN 2ND GENERATION AM103-CEPHALOSPORIN 3RD GENERATION AM104-CEPHALOSPORIN 4TH GENERATION AM111-PENICILLIN G-RELATED PENICILLINS AM112-PENICILLINS, AMINO DERIVATIVES AM130-BETA-LACTAMS ANTIMICROBIALS,OTHER AM150-CHLORAMPHENICOL AM200-ERYTHROMYCINS/MACROLIDES AM250-TETRACYCLINES AM300-AMINOGLYCOSIDES AM350-LINCOMYCINS AM650-SULFONAMIDE/RELATED ANTIMICROBIALS AM900-ANTI-INFECTIVES,OTHER</p> <p>Exclusion Logic: Patients meeting any of the conditions below.</p> <ul style="list-style-type: none"> - Patients must have either an ER visit on the day of or day prior to arrival with a primary or secondary diagnosis of pneumonia OR have an admitting diagnosis of pneumonia for the hospitalization. Patients not meeting one of these two conditions will be excluded. - Patients with Cystic Fibrosis. - Patients discharged on day of arrival. - Patients with a discharge type of "Irregular" (i.e. AMA) or contains "Death" AND the patient was discharged on the day of or the day after arrival. <p>Exclusion Logic Definitions:</p> <p>1) ER Visit with No Pneumonia Diagnosis: Visit to clinic code 30 on day of or day prior to admission with no primary or secondary diagnosis of pneumonia (POV 481, 482.0-482.2, 482.30-482.39, 482.40-482.49, 482.81-482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, or 487.0).</p> <p>2) Admitting Diagnosis Other than Pneumonia: Admitting diagnosis not equal to any of the following Pneumonia diagnoses: 481, 482.0-482.2, 482.30-482.39, 482.40-482.49, 482.81-482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, or 487.0.</p> <p>3) Cystic Fibrosis: Any of the following occurring anytime through discharge date: POV 277.00-277.03, 277.09.</p> <p>Other Definitions:</p> <p>1) Comfort Measures: POV V66.7 (Encounter for palliative care) documented during hospital stay.</p> <p>2) Chest X-Ray: Any of the following 24 hours prior to admission through discharge date: A) V CPT or V Radiology 71010-71035; B) POV V72.5 and with narrative of "chest"; C) V Procedure 87.44 or 87.49.</p>

PATIENT LIST	GENERAL DEFINITION
	<p>3) CT Scan: Any of the following 24 hours prior to admission through discharge date: A) V CPT or V Radiology 71250-71275; B) V Procedure 87.41.</p>
<p>PN-4 Adult Smoking Cessation Advice/Counseling</p>	<p>Inclusion Logic: Patients 18 or older discharged with pneumonia AND with a history of smoking cigarettes anytime during the year prior to discharge date. Age is calculated as of the hospital admission date.</p> <p>Inclusion Logic Definitions:</p> <p>1) Pneumonia: Non-CHS (Contract Health) visit with Service Category H (hospitalization), with A) Primary POV of pneumonia (POV 481, 482.0-482.2, 482.30-482.39, 482.40-482.49, 482.81-482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, or 487.0) or B) with Primary POV of septicemia or respiratory failure (POV 038.0-038.9, 518.81 or 518.84) AND secondary diagnosis of pneumonia (see ICD codes above) and discharged during the Current Report period.</p> <p>2) Smoker: Any of the following during the year prior to the hospital admission date: 1) Health Factors (looks at the last documented health factor): Current Smoker, Current Smoker and Smokeless, or Cessation-Smoker. 2) Tobacco-related POV or active Problem List diagnosis codes 305.1, 305.10-305.12 (old codes), or 649.00-649.04. 3) Dental code 1320. 4) CPT 1034F or 1035F.</p> <p>Exclusion Logic: Patients meeting any of the conditions below.</p> <ul style="list-style-type: none"> - Patients with a discharge type of "Irregular" (i.e. AMA) or contains "Death." - Patients with Cystic Fibrosis. <p>Exclusion Logic Definition: Cystic Fibrosis: Any of the following occurring anytime through discharge date: POV 277.00-277.03, 277.09.</p> <p>Other Definitions:</p> <p>1) Comfort Measures: POV V66.7 (Encounter for palliative care) documented during hospital stay.</p> <p>2) Chest X-Ray: Any of the following 24 hours prior to admission through discharge date: A) V CPT or V Radiology 71010-71035; B) POV V72.5 and with narrative of "chest"; C) V Procedure 87.44 or 87.49.</p> <p>3) CT Scan: Any of the following 24 hours prior to admission through discharge date: A) V CPT or V Radiology 71250-71275; B) V Procedure 87.41.</p> <p>4) Smoking Cessation Advice/Counseling: Any of the following during the hospital stay: A) Patient education codes containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), or 649.00-649.04. B) Clinic code 94 (tobacco cessation clinic). C) Dental code 1320. D) CPT code G0375, G0376, 4000F. E) Documented refusal of patient education codes containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), or 649.00-649.04.</p> <p>5) Tobacco Cessation Medication: A) Any medication in the site-populated BGP CMS SMOKING CESSATION MEDS taxonomy, B) Any medication with name containing "NICOTINE PATCH", "NICOTINE POLACRILEX", "NICOTINE INHALER", or "NICOTINE NASAL SPRAY", or C) CPT 4001F. For a list of the medications included in Appendix C of the CMS Specifications Manual, refer to the CRS 2008 User Manual, Section 4.3.2.2.</p>
<p>PN-5b Initial Antibiotic Received within 4 Hours of Hospital Arrival</p>	<p>Inclusion Logic: Patients 18 or older discharged with pneumonia. Age is calculated as of the hospital admission date.</p> <p>Inclusion Logic Definition: Pneumonia: Non-CHS (Contract Health) visit with Service Category H (hospitalization), with 1) Primary POV of pneumonia (POV 481, 482.0-482.2, 482.30-482.39, 482.40-482.49, 482.81-482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, or 487.0) or 2) with Primary POV of septicemia or respiratory failure (POV 038.0-038.9, 518.81 or 518.84) AND secondary diagnosis of pneumonia (see ICD codes above) and discharged during the Current Report period.</p> <p>Exclusion Logic: Patients meeting any of the conditions below.</p> <ul style="list-style-type: none"> - Patients must have either an ER visit on the day of or day prior to arrival with a primary or secondary diagnosis of pneumonia OR have an admitting diagnosis of pneumonia for the hospitalization. Patients not meeting one of these two conditions will be excluded. - Patients with an active prescription for antibiotics within 24 hours prior to hospital arrival.

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	<p>- Patients who did not receive antibiotics during the hospital stay. NOTE: Per CMS, this criterion was inadvertently removed from the Denominator Statement, Excluded Populations section of version 2.2b of the Specifications Manual and will be added again in a future version. Additionally, this criterion IS included in the flowchart; thus, it is included here.</p> <p>- Patients with Cystic Fibrosis.</p> <p>- Patients discharged on day of arrival.</p> <p>- Patients with a discharge type of “Irregular” (i.e. AMA) or contains “Death” AND the patient was discharged on the day of or the day after arrival.</p> <p>Exclusion Logic Definitions:</p> <p>1) ER Visit with No Pneumonia Diagnosis: Visit to clinic code 30 on day of or day prior to admission with no primary or secondary diagnosis of pneumonia (POV 481, 482.0-482.2, 482.30-482.39, 482.40-482.49, 482.81-482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, or 487.0).</p> <p>2) Admitting Diagnosis Other than Pneumonia: Admitting diagnosis not equal to any of the following Pneumonia diagnoses: 481, 482.0-482.2, 482.30-482.39, 482.40-482.49, 482.81-482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, or 487.0.</p> <p>3) Antibiotics: Any active prescription within 24 hours prior to arrival for any medication in PCC V Med included by user in site-populated BGP CMS ANTIBIOTIC MEDS taxonomy, or any medication with one of the VA Drug Class codes listed below, or CPT G8012 or procedure 99.21. For a list of the medications included in Appendix C of the CMS Specifications Manual, refer to the CRS 2008 User Manual, Section 4.3.2.2.</p> <p>AM050-PENICILLINS AM051-PENICILLIN-G RELATED PENICILLINS AM052-PENICILLINS,AMINO DERIVATIVES AM053-PENICILLINASE-RESISTANT PENICILLINS AM054-EXTENDED SPECTRUM PENICILLINS AM100-BETA-LACTAM ANTIMICROBIALS AM101-CEPHALOSPORIN 1ST GENERATION AM102-CEPHALOSPORIN 2ND GENERATION AM103-CEPHALOSPORIN 3RD GENERATION AM104-CEPHALOSPORIN 4TH GENERATION AM111-PENICILLIN G-RELATED PENICILLINS AM112-PENICILLINS, AMINO DERIVATIVES AM130-BETA-LACTAMS ANTIMICROBIALS,OTHER AM150-CHLORAMPHENICOL AM200-ERYTHROMYCINS/MACROLIDES AM250-TETRACYCLINES AM300-AMINOGLYCOSIDES AM350-LINCOMYCINS AM650-SULFONAMIDE/RELATED ANTIMICROBIALS AM900-ANTI-INFECTIVES,OTHER</p> <p>4) Cystic Fibrosis: Any of the following occurring anytime through discharge date: POV 277.00-277.03, 277.09.</p> <p>Other Definitions:</p> <p>1) Comfort Measures: POV V66.7 (Encounter for palliative care) documented during hospital stay.</p> <p>2) Chest X-Ray: Any of the following 24 hours prior to admission through discharge date: A) V CPT or V Radiology 71010-71035; B) POV V72.5 and with narrative of “chest”; C) V Procedure 87.44 or 87.49.</p> <p>3) CT Scan: Any of the following 24 hours prior to admission through discharge date: A) V CPT or V Radiology 71250-71275; B) V Procedure 87.41.</p>
PN-6 Initial Antibiotic Selection for Community-Acquired Pneumonia in Immunocompetent Patients	<p>Inclusion Logic: Patients 18 or older discharged with pneumonia. Age is calculated as of the hospital admission date.</p> <p>Inclusion Logic Definition: Pneumonia: Non-CHS (Contract Health) visit with Service Category H (hospitalization), with 1) Primary POV of pneumonia (POV 481, 482.0-482.2, 482.30-482.39, 482.40-482.49, 482.81-482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, or 487.0)</p>

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	<p>or 2) with Primary POV of septicemia or respiratory failure (POV 038.0-038.9, 518.81 or 518.84) AND secondary diagnosis of pneumonia (see ICD codes above) and discharged during the Current Report period.</p> <p>Exclusion Logic: Patients meeting any of the conditions below.</p> <ol style="list-style-type: none"> 1) Patients must have either an ER visit on the day of or day prior to arrival with a primary or secondary diagnosis of pneumonia OR have an admitting diagnosis of pneumonia for the hospitalization. Patients not meeting one of these two conditions will be excluded. 2) Patients discharged on day of arrival. 3) Patients with a discharge type of “Irregular” (i.e. AMA) or contains “Death” AND the patient was discharged on the day of or the day after arrival. 4) Patients who are “Compromised,” which is defined as any of the following: <ol style="list-style-type: none"> A) Patients with any of the following compromising conditions: <ul style="list-style-type: none"> - HIV positive/AIDS - Systemic chemotherapy within last three months - Systemic immunosuppressive therapy within the past three months - Leukemia documented in the past three months - Lymphoma documented in the past three months - Radiation therapy in the past three months B) Patient was hospitalized in the past 14 days. 5) Patients with “Healthcare Associated Pneumonia,” which is defined as any of the following: <ol style="list-style-type: none"> A) Patient was hospitalized for 2 days in the past three months B) Patient had a nursing home visit in the past 90 days C) Chronic dialysis in the past 30 days D) Patient received home wound care in the past 30 days 6) Patients with Cystic Fibrosis <p>Exclusion Logic Definitions:</p> <ol style="list-style-type: none"> 1) ER Visit with No Pneumonia Diagnosis: Visit to clinic code 30 on day of or day prior to admission with no primary or secondary diagnosis of pneumonia (POV 481, 482.0-482.2, 482.30-482.39, 482.40-482.49, 482.81-482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, or 487.0). 2) Admitting Diagnosis Other than Pneumonia: Admitting diagnosis not equal to any of the following Pneumonia diagnoses: 481, 482.0-482.2, 482.30-482.39, 482.40-482.49, 482.81-482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, or 487.0. 3) HIV Positive/AIDS: Any of the following occurring anytime through discharge date: POV or Problem List 042, 042.0-044.9 (old codes), V08, or 795.71. 4) Systemic Chemotherapy: Any of the following in the 90 days prior to admission date: A) POV V58.11, B) V Procedure 99.25, C) any medication in PCC V Med included by user in site-populated taxonomy BGP CMS SYSTEMIC CHEMO MEDS or any medication with one of the VA Drug Class codes listed below. AN000 Antineoplastics AN100 Antineoplastics,Alkylating Agents AN200 Antineoplastic Antibiotics AN300 Antineoplastics,Antimetabolites AN400 Antineoplastic Adjuvants AN500 Antineoplastic Hormones AN600 Antineoplastic Radiopharmaceuticals AN900 Antineoplastic,Other 5) Systemic Immunosuppressive Therapy: Any of the following in the 90 days prior to admission date: A) POV V58.12 or B) V Procedure 00.15 or 99.28, C) any medication in PCC V Med included by user in site-populated taxonomy BGP CMS IMMUNOSUPPRESSIVE MEDS or any medication with one of the VA Drug Class codes listed below. <u>IM600:</u> Azathioprine, Basiliximab, Cyclosporine (Eon), Cyclosporine (Gengraf), Cyclosporine

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	<p>(Neoral), Cyclosporine (Sandimmune), Cyclosporine (Sidmak), Cyclosporine, Cyclosporine Microemulsion, Cyclosporine Modified, Cyclosporine Non-Modified, Daclizumab, Infliximab, Muromonab-Cd3, Mycophenolate Mofetil, Hydrochloride, Mycophenolate Na, Mycophenolic Acid, Omalizumab, Sirolimus, Tacrolimus</p> <p>MS190: Abatacept, Adalimumab, Anakinra, Etanercept, Flavocoxid, Hyaluronate Na, Leflunomide</p> <p>MS109: Adalimumab, Anakinra, Etanercept, Leflunomide. NOTE: This excludes drugs with the name containing “Hyaluronate.”</p> <p>6) Leukemia: Any of the following in the 90 days prior to admission date: POV 204*-208*.</p> <p>7) Lymphoma: Any of the following in the 90 days prior to admission date: POV 200* - 202.9.</p> <p>8) Radiation Therapy: Any of the following in the 90 days prior to admission date: A) POV V58.0 or B) V Procedure 99.2*.</p> <p>9) Prior Hospitalization: Non-CHS (Contract Health) visit with Service Category H (hospitalization) and A) with discharge type not equal to “Transferred” occurring within 14 days of admission date, OR B) was hospitalized for at least 2 days in the 90 days prior to admission date.</p> <p>10) Nursing Home Visit: Visit with Service Category R (Nursing Home) in the 90 days prior to admission date.</p> <p>11) Chronic Dialysis (defined by the CMS Data Abstraction Guidelines as ESRD (End Stage Renal Disease) with peritoneal dialysis or hemodialysis: Any of the following in the 30 days prior to admission date: A) POV V56.0, V56.8 or 585.6 AND ON THE SAME VISIT B) CPT 90918-90925, 90935-90937, or 90945-90947.</p> <p>12) Home Wound Care: Any of the following in the 30 days prior to admission date: POV V55.*, V58.3*, or V58.49 AND visit is home visit, defined as clinic code 11 or location of encounter is home, as defined in the CRS Site Parameters.</p> <p>13) Cystic Fibrosis: Any of the following occurring anytime through discharge date: POV 277.00-277.03, 277.09.</p> <p>Other Definitions:</p> <p>1) Comfort Measures: POV V66.7 (Encounter for palliative care) documented during hospital stay.</p> <p>2) Chest X-Ray: Any of the following 24 hours prior to admission through discharge date: A) V CPT or V Radiology 71010-71035; B) POV V72.5 and with narrative of “chest”; C) V Procedure 87.44 or 87.49.</p> <p>3) CT Scan: Any of the following 24 hours prior to admission through discharge date: A) V CPT or V Radiology 71250-71275; B) V Procedure 87.41.</p> <p>4) Other Suspected Source of Infection: Any of the following during hospital stay: Admitting Diagnosis of 001-009, 010-018, or 020-027.</p> <p>5) Pseudomonas Risk: Defined as admitting or secondary diagnosis of 496.* Bronchiectasis or any POV ever of COPD, defined as POV 491.20, 491.21, 491.22, 496, 506.*.</p> <p>6) Antibiotics: Any medication in PCC V Med included by user in site-populated BGP CMS ANTIBIOTIC MEDS taxonomy, or any medication with one of the VA Drug Class codes listed below, or CPT G8012 or procedure 99.21. For a list of the medications included in Appendix C of the CMS Specifications Manual, refer to the CRS 2008 User Manual, Section 4.3.2.2.</p> <p>AM050-PENICILLINS AM051-PENICILLIN-G RELATED PENICILLINS AM052-PENICILLINS,AMINO DERIVATIVES AM053-PENICILLINASE-RESISTANT PENICILLINS AM054-EXTENDED SPECTRUM PENICILLINS AM100-BETA-LACTAM ANTIMICROBIALS AM101-CEPHALOSPORIN 1ST GENERATION AM102-CEPHALOSPORIN 2ND GENERATION AM103-CEPHALOSPORIN 3RD GENERATION AM104-CEPHALOSPORIN 4TH GENERATION</p>

PATIENT LIST	GENERAL DEFINITION
	AM111-PENICILLIN G-RELATED PENICILLINS AM112-PENICILLINS, AMINO DERIVATIVES AM130-BETA-LACTAMS ANTIMICROBIALS,OTHER AM150-CHLORAMPHENICOL AM200-ERYTHROMYCINS/MACROLIDES AM250-TETRACYCLINES AM300-AMINOGLYCOSIDES AM350-LINCOMYCINS AM650-SULFONAMIDE/RELATED ANTIMICROBIALS AM900-ANTI-INFECTIVES,OTHER
PN-7 Influenza Vaccination	<p>Inclusion Logic: Patients 18 or older discharged with pneumonia. Age is calculated as of the hospital admission date.</p> <p>Inclusion Logic Definition: Pneumonia: Non-CHS (Contract Health) visit with Service Category H (hospitalization), with 1) Primary POV of pneumonia (POV 481, 482.0-482.2, 482.30-482.39, 482.40-482.49, 482.81-482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, or 487.0) or 2) with Primary POV of septicemia or respiratory failure (POV 038.0-038.9, 518.81 or 518.84) AND secondary diagnosis of pneumonia (see ICD codes above) and discharged during the months of October through February during the Current Report period.</p> <p>Exclusion Logic: Patients meeting any of the conditions below.</p> <ul style="list-style-type: none"> - Patients with a discharge type of “Irregular” (i.e. AMA) or contains “Death”. - Patients with a primary or secondary POV of 487.0 during this hospitalization. - Patients with Cystic Fibrosis. <p>Exclusion Logic Definition: Cystic Fibrosis: Any of the following occurring anytime through discharge date: POV 277.00-277.03, 277.09.</p> <p>Other Definitions:</p> <ol style="list-style-type: none"> 1) Comfort Measures: POV V66.7 (Encounter for palliative care) documented during hospital stay. 2) Chest X-Ray: Any of the following 24 hours prior to admission through discharge date: A) V CPT or V Radiology 71010-71035; B) POV V72.5 and with narrative of “chest”; C) V Procedure 87.44 or 87.49. 3) CT Scan: Any of the following 24 hours prior to admission through discharge date: A) V CPT or V Radiology 71250-71275; B) V Procedure 87.41. 4) Influenza Vaccine: Any of the following in the past 12 months unless otherwise noted: A) V Immunization codes: 88-Influenza Virus Vaccine, NOS; 15 Inf Virus Vac SV; 16 Inf Virus Vac WV; 111 Inf Virus Vac Intranasal; B) POV: V04.8 (old code), V04.81, or V06.6; C) V Procedure: 99.52; D) CPT: 90655-90660, 90724, G0008, G8108; E) PCC REF Refusal or Immunization Package contraindication of “Patient Refusal” of Immunization 88, 111, 15, or 16; F) or contraindication, defined as any of the following documented anytime through discharge unless otherwise noted: 1) PCC NMI Refusal or contraindication in the Immunization Package of "Egg Allergy" or "Anaphylaxis"; 2) POV of 357.0 Guillain-Barré syndrome; or 3) Bone marrow transplant in the year prior to discharge, defined as V Procedure 41.0* or V CPT 38240-38242. NOTE: Contraindications #2-3 are noted in the CMS Data Abstraction Guidelines.
SURGICAL CARE IMPROVEMENT PROJECT (SCIP) PATIENT LISTS	
Population for All SCIP Measures	<p>Inclusion Logic: Patients 18 or older discharged from the hospital with a SCIP procedure. Age is calculated by subtracting birth date from the admission date.</p> <p>Inclusion Logic Definition: SCIP Procedure Discharge: Non-CHS (Contract Health) visit with Service Category H (hospitalization), principal procedure code that is included in taxonomy BGP CMS MAJOR SURGERY PROCS, and patient discharged during the report period.</p> <p>Exclusion Logic: None</p>
SCIP-Inf-1 Prophylactic Antibiotic Received within One Hour Prior to Surgical Incision	<p>Inclusion Logic: Patients 18 or older discharged from the hospital with a SCIP procedure. Age is calculated as of the hospital admission date.</p> <p>Inclusion Logic Definition: SCIP Procedure Discharge: Non-CHS (Contract Health) visit</p>

PATIENT LIST	GENERAL DEFINITION
	<p>with Service Category H (hospitalization), principal procedure code that is included in taxonomy BGP CMS MAJOR SURGERY PROCS and in one of the following taxonomies: BGP CMS CABG PROCEDURES, BGP CMS OTHER CARDIAC PROCS, BGP CMS HIP ARTHROPLASTY PROCS, BGP CMS KNEE ARTHROPLASTY PROC, BGP CMS COLON SURGERY PROCS, BGP CMS ABD HYSTERECTOMY PROCS, BGP CMS VAG HYSTERECTOMY PROCS, BGP CMS VASCULAR SURGERY PROCS, and patient discharged during the report period.</p> <p>Exclusion Logic: Patients with a primary diagnosis suggestive of preoperative infectious diseases.</p> <p>Exclusion Logic Definition: Preoperative Infectious Disease Diagnosis: Primary POV or Admitting Diagnosis included in BGP CMX INFECTIOUS DXS during hospital stay. NOTE: The CMS Data Abstraction Guidelines include both principal and admitting diagnosis.</p> <p>Other Definitions:</p> <ol style="list-style-type: none"> 1) CABG Procedure: Principal procedure included in BGP CMS CABG PROCEDURES and occurring during hospital stay. 2) Other Cardiac Procedure: Principal procedure included in BGP CMS OTHER CARDIAC PROCS and occurring during hospital stay. 3) Hip Arthroplasty Procedure: Principal procedure included in BGP CMS HIP ARTHROPLASTY PROCS and occurring during hospital stay. 4) Knee Arthroplasty Procedure: Principal procedure included in BGP CMS KNEE ARTHROPLASTY PROC and occurring during hospital stay. 5) Colon Surgery Procedure: Principal procedure included in BGP CMS COLON SURGERY PROCS and occurring during hospital stay. 6) Hysterectomy Procedure: Principal procedure included in BGP CMS ABS HYSTERECTOMY PROCS or BGP CMS VAG HYSTERECTOMY PROCS and occurring during hospital stay. 7) Vascular Surgery Procedure: Principal procedure included in BGP CMS VASCULAR SURGERY PROCS and occurring during hospital stay. 8) Infection Documented at Time of Surgery? V Procedure where principal procedure has “Y” for Infection. 9) Other Surgery with Anesthesia: V Procedure where Anesthesia Administered equals “Y” and the procedure is a separate surgical procedure from the SCIP procedure for this measure and which occurred within 4 days prior to or after the SCIP procedure and during this hospital stay. 10) Antibiotics: Any medication in PCC V Med included by user in site-populated BGP CMS ANTIBIOTIC MEDS taxonomy, or any medication with one of the VA Drug Class codes listed below, or CPT G8012 or procedure 99.21. For a list of the medications included in Appendix C of the CMS Specifications Manual, refer to the CRS 2008 User Manual, Section 4.3.2.2. <p>AM050-PENICILLINS AM051-PENICILLIN-G RELATED PENICILLINS AM052-PENICILLINS,AMINO DERIVATIVES AM053-PENICILLINASE-RESISTANT PENICILLINS AM054-EXTENDED SPECTRUM PENICILLINS AM100-BETA-LACTAM ANTIMICROBIALS AM101-CEPHALOSPORIN 1ST GENERATION AM102-CEPHALOSPORIN 2ND GENERATION AM103-CEPHALOSPORIN 3RD GENERATION AM104-CEPHALOSPORIN 4TH GENERATION AM111-PENICILLIN G-RELATED PENICILLINS AM112-PENICILLINS, AMINO DERIVATIVES AM130-BETA-LACTAMS ANTIMICROBIALS,OTHER AM150-CHLORAMPHENICOL AM200-ERYTHROMYCINS/MACROLIDES AM250-TETRACYCLINES AM300-AMINOGLYCOSIDES</p>

PATIENT LIST	GENERAL DEFINITION
	AM350-LINCOMYCINS AM650-SULFONAMIDE/RELATED ANTIMICROBIALS AM900-ANTI-INFECTIVES,OTHER
SCIP-Inf-3 Prophylactic Antibiotic Discontinued within 24 Hours After Surgery End Time	<p>Inclusion Logic: Patients 18 or older discharged from the hospital with a SCIP procedure. Age is calculated as of the hospital admission date.</p> <p>Inclusion Logic Definition: SCIP Procedure Discharge: Non-CHS (Contract Health) visit with Service Category H (hospitalization), principal procedure code that is included in taxonomy BGP CMS MAJOR SURGERY PROCS and in one of the following taxonomies: BGP CMS CABG PROCEDURES, BGP CMS OTHER CARDIAC PROCS, BGP CMS HIP ARTHROPLASTY PROCS, BGP CMS KNEE ARTHROPLASTY PROC, BGP CMS COLON SURGERY PROCS, BGP CMS ABD HYSTERECTOMY PROCS, BGP CMS VAG HYSTERECTOMY PROCS, BGP CMS VASCULAR SURGERY PROCS, and patient discharged during the report period.</p> <p>Exclusion Logic: Patients meeting any of the conditions below.</p> <ul style="list-style-type: none"> - Patients with a primary diagnosis suggestive of preoperative infectious diseases. - Patients who did not receive any antibiotics during this hospitalization. <p>Exclusion Logic Definitions:</p> <ol style="list-style-type: none"> 1) Preoperative Infectious Disease Diagnosis: Primary POV or Admitting Diagnosis included in BGP CMX INFECTIOUS DXS during hospital stay. NOTE: The CMS Data Abstraction Guidelines include both principal and admitting diagnosis. 2) Antibiotics: Any medication in PCC V Med included by user in site-populated BGP CMS ANTIBIOTIC MEDS taxonomy, or any medication with one of the VA Drug Class codes listed below, or CPT G8012 or procedure 99.21. For a list of the medications included in Appendix C of the CMS Specifications Manual, refer to the CRS 2008 User Manual, Section 4.3.2.2. <p> AM050-PENICILLINS AM051-PENICILLIN-G RELATED PENICILLINS AM052-PENICILLINS,AMINO DERIVATIVES AM053-PENICILLINASE-RESISTANT PENICILLINS AM054-EXTENDED SPECTRUM PENICILLINS AM100-BETA-LACTAM ANTIMICROBIALS AM101-CEPHALOSPORIN 1ST GENERATION AM102-CEPHALOSPORIN 2ND GENERATION AM103-CEPHALOSPORIN 3RD GENERATION AM104-CEPHALOSPORIN 4TH GENERATION AM111-PENICILLIN G-RELATED PENICILLINS AM112-PENICILLINS, AMINO DERIVATIVES AM130-BETA-LACTAMS ANTIMICROBIALS,OTHER AM150-CHLORAMPHENICOL AM200-ERYTHROMYCINS/MACROLIDES AM250-TETRACYCLINES AM300-AMINOGLYCOSIDES AM350-LINCOMYCINS AM650-SULFONAMIDE/RELATED ANTIMICROBIALS AM900-ANTI-INFECTIVES,OTHER </p> <p>Other Definitions:</p> <ol style="list-style-type: none"> 1) CABG Procedure: Principal procedure included in BGP CMS CABG PROCEDURES and occurring during hospital stay. 2) Other Cardiac Procedure: Principal procedure included in BGP CMS OTHER CARDIAC PROCS and occurring during hospital stay. 3) Hip Arthroplasty Procedure: Principal procedure included in BGP CMS HIP ARTHROPLASTY PROCS and occurring during hospital stay. 4) Knee Arthroplasty Procedure: Principal procedure included in BGP CMS KNEE ARTHROPLASTY PROC and occurring during hospital stay. 5) Colon Surgery Procedure: Principal procedure included in BGP CMS COLON

PATIENT LIST	GENERAL DEFINITION
	<p>SURGERY PROCS and occurring during hospital stay.</p> <p>6) Hysterectomy Procedure: Principal procedure included in BGP CMS ABS HYSTERECTOMY PROCS or BGP CMS VAG HYSTERECTOMY PROCS and occurring during hospital stay.</p> <p>7) Vascular Surgery Procedure: Principal procedure included in BGP CMS VASCULAR SURGERY PROCS and occurring during hospital stay.</p> <p>8) Infection Documented at Time of Surgery? V Procedure where SCIP principal procedure has “Y” for Infection.</p> <p>9) Post-Operative Infection: Any of the following within two days after discharge of a SCIP procedure included in BGP CMS HIP ARTHROPLASTY PROCS, BGP CMS KNEE ARTHROPLASTY PROC, BGP CMS COLON SURGERY PROCS, BGP CMS ABD HYSTERECTOMY PROCS, BGP CMS VAG HYSTERECTOMY PROCS, or BGP CMS VASCULAR SURGERY PROCS or within three days after discharge of a SCIP procedure included in BGP CMS CABG PROCEDURES or BGP CMS OTHER CARDIAC PROCS:</p> <p>A) Abscess/Cellulitis: POV 038.*, 373.13, 376.01, 528.3, 528.5, 566., 604.0, 607.2, 608.4, 616.3-616.4, 675.1, 681.00-681.02, 681.10-681.11, 682.*, or 771.4</p> <p>B) Bloodstream Infection: POV 020.2, 022.3, 036.2, 054.5, 659.30-659.31, 659.33, or 771.81</p> <p>C) Bone Infection: POV 091.61, 095.5, or 730.*</p> <p>D) Gross Fecal/Extensive Fecal Contamination: POV 578.1 or 792.1</p> <p>E) H.pylori: POV 041.86</p> <p>F) Osteomyelitis: POV 730.0*, 730.1*, or 730.2*</p> <p>G) Other Documented Infection: POV 001 – 139</p> <p>H) Pneumonia or Other Lung Infection: POV 003.22, 010.*, 011.*, 021.2, 022.1, 031.0, 039.1, 052.1, 055.1, 073.0, 130.4, 136.3, 480.*, 481., 482.*, 483.*, 484.*, 485; 486, or 487.0</p> <p>I) Surgical Site or Wound Infection: POV 674.3*, 996.6*, 998.51, 998.59, or 999.3</p> <p>J) Urinary Tract Infection (UTI): POV 112.2, 599.0, or 771.82.</p> <p>10) Other Surgery with Anesthesia: V Procedure where Anesthesia Administered equals “Y” and the procedure is a separate surgical procedure from the SCIP procedure for this measure and which occurred within 4 days prior to or after the SCIP procedure and during this hospital stay.</p>